PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docke: Number

10/511106

ı		CLAIMS AS FILED - PART I										
		CLAIMS A			TYPE OF SMALL ENTITY RATE FEE RATE FEE BASIC FEE OR BASIC FEE OF SAMELY US 20= XS 9= OR XS 18= TOTAL OR TOTAL OF SMALL ENTITY ADDI- SMALL ENTITY OTHER THAN OTHER THAN OTHER THAN OF SMALL ENTITY OTHER THAN OTHER THAN SMALL ENTITY OTHER THAN OTHER THAN OTHER THAN SMALL ENTITY OTHER THAN OTHER THAN OTHER THAN OTHER THAN SMALL ENTITY OTHER THAN OTHER THAN OTHER THAN OTHER THAN SMALL ENTITY OTHER THAN OTHER THAN SMALL ENTITY							
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i			 					RATE	FEE		RATE	FEE
FOR			NUMBE	NUMBER FILED N		MBER EXTRA		BASIC F	EE	OF	BASIC FE	1
Ľ	OTAL CHARGE	ABLE CLAIMS	20 minus 20= •					XS 9=		ing	X\$18=	
١N	DEPENDENT (CLAIMS	4 n	# minus 3 = 1 /				X43-	- 	7	128	
м	ULTIPLE DEPE	NDENT CLAIM	RESENT			ł		-	- OR	1000	80	
• 1	f the differenc	e in column 1 is	s less than a	less than zero, enter "0" in column 2			Į	+145=		OR	-290=	
CLAIMS AS AMENDED - PART II								TOTAL	L	OR	TOTAL	1038
	•		AMENDE					CALALL SAITING				
		(Column 1)	1				r	SMALL		OR	SMALL	ENTITY
М		REMAINING AFTER. AMENDMENT			SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	**		=		XS 9=		OR	X\$18=	1 2 5
AMEN	Independent					=		X43= ·		OR	X86=	
TATE								1	200			
		•					L	TOTAL		OR	.+290= TOTAL	
		(0-1		.•			ΑC	DOIT. FEE		OR ,	ADDIT. FEE	
		(Column 1) CLAIMS	·	(Column HIGHEST		(Column 3)						
		REMAINING AFTER AMENDMENT		NUMBER PREVIOUS PAID FOR	R. SLY	PRESENT EXTRA		RATE	ADDI- TIONAL _ FEE		RATE	ADDI- TIONAL FEE
Q.	Total	•	Minus .	**		=	Г	XS 9=		OR	X\$18=	<u>, , , , , , , , , , , , , , , , , , , </u>
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	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT CL	AIM		-			OR	X00=	
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		(Column 1).	4	(Column 2	2). ((Column 3)						
AMENUMENI C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	LY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	te.	Minus	**		=	5	(\$ 9= .		OR	X\$18=	
E L	Independent		Minus	***		= .	-			-		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<43= 		OR L	X86=	·
• If	the entry in cal-	no 1 io 1 /				· · · · · · · · · · · · · · · · · · ·	+	145=	[,	OR	+290=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE ADDIT. FEE												
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